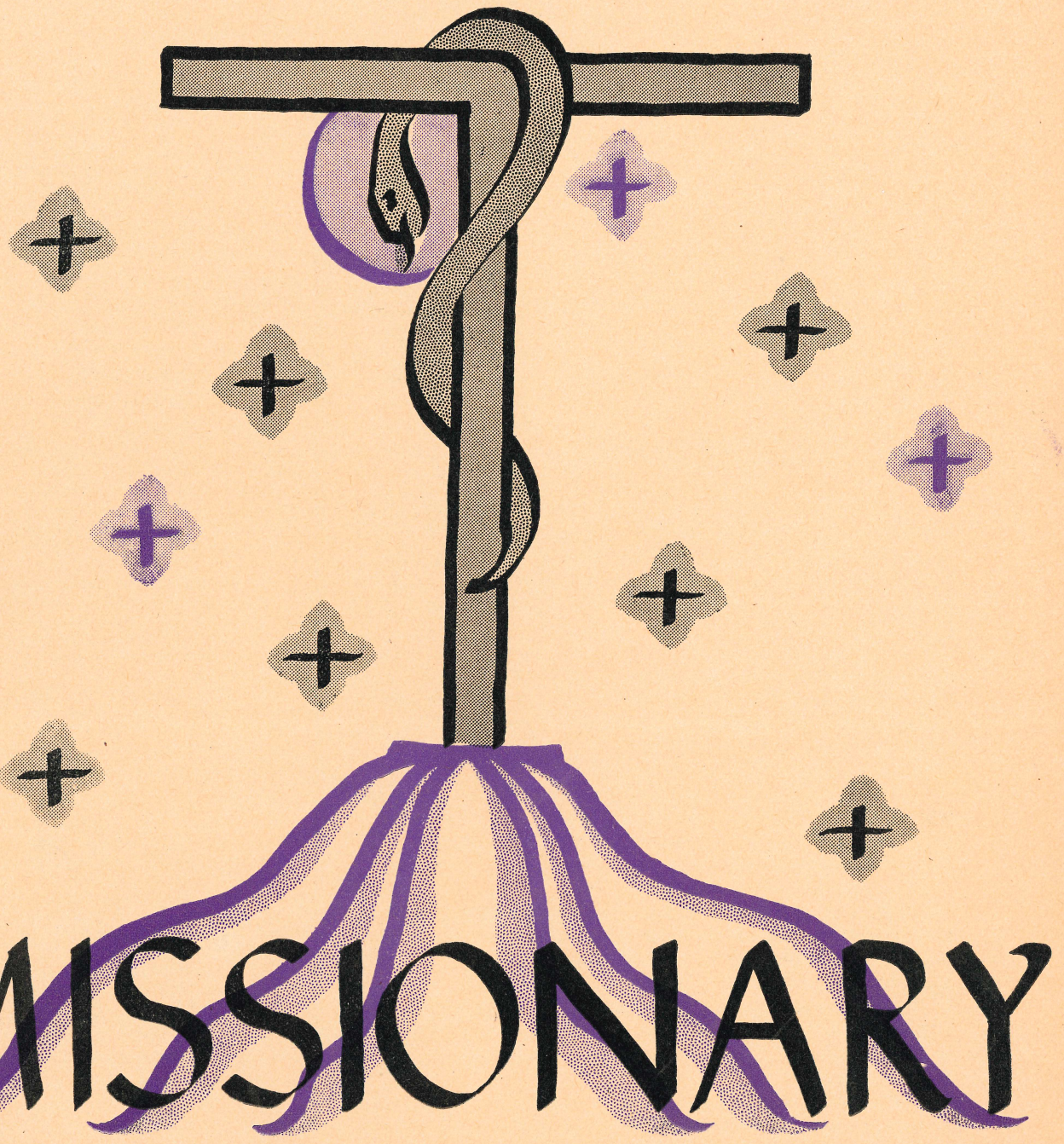
The MEDICAL MISSIONARY



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ACROSS THE PAGES . . .

THE FEAST OF THE ANNUNCIATION—March 25—is the Patronal Feast of the Society—because "on that day, Our Lady, by consenting to become the Mother of Christ, became the Cause of Our Joy." Father Theophane Carroll, O.F.M., gives us some of his reflections on this beautiful title of Our Lady.

FATHER FRANCIS X. GOODALL, C.S.C., has had more than a year's actual experience on the mission field. He knows, therefore, just what are the problems that confront "Catholic youths living among pagans."

THESE FAMILY CONSULTATIONS as to the why's and wherefore's, the how much and since when's—of an emergency operation are no joke! So contends Sister Elise Wijnen, M.D. You will agree with her when you have read—"Emergency."

TWENTY YEARS AMONG THE PRIMITIVE PEOPLES OF LIBERIA—that is how long Dr. George Way Harley lived as a medical missionary in Africa. During this time he made a study of native African medicine, with particular reference to its practice among the Mano people. Sister Isabel Schmitz-Dumont, M.D. reviews his book, "Native African Medicine," in this issue.

IT'S AN OLD STORY—the story of Krishna, the little Indian wife who works and waits while her soldier-husband is off to war. Sister Alma Julia is the narrator.

THE MEDICAL MISSIONARY

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Editor

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The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of studies in Brookland, Washington, D. C., and Houses of Postulate in England and Holland.

At present the Society labors in India, where the Sisters conduct Hospitals, dispensaries, maternity, and child welfare centers, training schools for native nurses and midwives, and similar health activities. It is the purpose of the Society to send Medical Missionaries to any mission field of the world. The Society has many requests; it needs many vocations.

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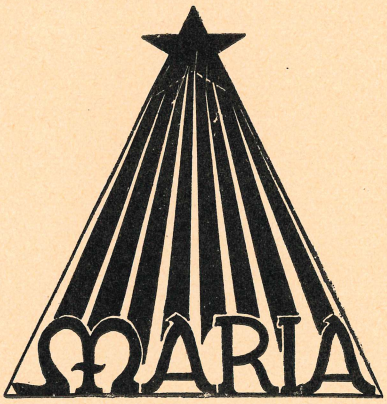


By Rev. Theophane Carroll, O.F.M.

The Mother of God, Mary, has been asked by the Medical Missionaries to be the patroness of their community under the title given her in the litany: Cause of Our Joy. The feast of the Annunciation, March 25th, has been chosen as the patronal feast because on that day Mary became the cause of our joy when she consented to be the Mother of God.

She is indeed the Cause of Our Joy. God waited upon her word to bring joy to the world. That Joy is really our Lord Himself: He is the Joy of the world. Mary gave to mankind Him Who is the Lightheartedness of all. Without Him the heart is heavy.

But this Blessed Mother is the cause of our joy in her own person too. When we read her litany and come to those words—Causa nostrae laetitia—a thousand thoughts are caught up in three words. She herself is our joy because she is a precious gift bestowed on us by Her Son. Mary brought forth Christ; Christ produced Mary. She is the first fruit of His Redemption. She is a cause of joy to us because she has been made wonderful by God. Christ, our Joy, has shared with her all that He could give her of His own infinite Beauty. By that she has been made a precious jewel in herself; by that she strikes pleasure into the heart of whomever beholds her.

When God made Mary, He made her all beautiful and without any stain or blemish. The perfection of grace went with her from her conception. We call her Immaculate and see in her the perfect human intended originally by God. To gaze upon the Holiness of God shared by this, our sister, is joy.

The gospels contain all that the Holy Ghost wanted said of Mary. In them we hear her speak but a few words. Her personality seems aloof, if only because she is humbly silent. But the heart warms when we read of the birth of her Son, how she wrapped Him in swaddling clothes and laid Him in the manger. A pang of sympathy darts through us when she found Him in the temple and asked Him the sorrowful question: Son, why hast thou done so to us? The power that she had with her Son is in the dark wine jars of the wedding feast at Cana. Her stand on Calvary needs no word.

The gospels give us the portrait of the Lady whom God has given: a lady who comes before the eye first as a maid in Nazareth, a child, perfect and untainted. We see her keep her perfection and increase in it as she becomes a Mother while still a virgin. We see her as the mature woman whose thoughts are one with the thoughts of her Son, the compassionate woman of Cana, the brave woman who watches her Son die with her lips shut tight. Finally, she is elevated to heaven to be crowned Queen by her Son, and to reign over all creation, the powerful Lady, the stewardess of all His gifts to men.

It is enough to know her by the picture given by Scripture and Tradition. She is a joy to every man who sees her there. She is a joy to every one who has ever repeated the angel's greeting to her. But she has not remained distant from men. When she has been asked for help she has hastened to our rescue. And in that hastening we have learned to know her better. Since the day she was taken up into heaven she has not remained seated upon her throne, but her love for us has constrained her to visit her people. At Lourdes, at Guadalupe, at a hundred other places she has been pleased to show herself and speak with us. In those visitations we have come to know her. We have seen her as the Lady who annoyed the simple peasant of Guadalupe with her loving persistence. There she gave a picture of herself to Mexico as the Lady of Guadalupe: the dark complexioned maiden enveloped in a cloak of humility, with downcast eyes, standing upon a crescent. At Lourdes she came as a young girl in white and blue; an anonymous lady who asked Bernadette to do penance and to have her fellow countrymen do penance. And when the time came she answered Bernadette's question and said with hands folded and eyes looking above: "I am the Immaculate Conception."

In all these things she has increased our knowledge of her and with knowledge, our love. We have seen her personality: the living, vibrating life of a Woman who lives unseen among us, a Woman who is the Queen of all women, the Great Lady, great in her power, the tender Mother giving all she can to us, yet still the untouchable Maiden, a garden enclosed, who belongs entirely to her Son, whose reserve we see even when her arms are wide-stretched to give to us, whose love we cannot share except in her Son.

Admiration is what she calls forth in us; we wonder at her beauty as we wonder at the great things God has made and placed under our eyes in this world, but our wonder is greater than anything we see here. The white snowfall pleases us; but the gleaming whiteness of her vivid beauty God has given her. The might of the sea but recalls the womanly feet of the ocean's queen treading lightly on the waves. We look at her and "laetitia" fills our soul: joy, a light hearted exultation awakes in us when we look at this proof of God's love for us.

This great gift has been given us for a reason. It is that we may find our joy in the joys God gives us. Earthly gifts must serve but to bring us to God. God draws us with the sweet fragrance of this Lady. Draw us, and we will run in the odor of thy ointments!

Emergency!

by

Sister M. Elsie Wijnen, S.C.M.M., M.D.

All is peace and quiet in the Receiving Department of a large city hospital. The night shift of nurses and orderlies has just taken over, and a few patients with minor troubles are hanging around, waiting for the intern. Suddenly the familiar whoo-zoom-bang of the ambulance, stopping in front of the big double entrance doors, is heard outside. In a moment the place comes to life, and all is in seeming confusion and turmoil. The orderlies come running with the stretcher cart and take the patient off the "bus" with the deftness and speed born of long training. Nurses hover around; the intern comes up, swinging his stethescope, and the accompanying doctor spouts a quick explanation. A few pertinent questions; a limited but adequate examination, and in two minutes the war cry goes up: "Acute appendix—get busy!"

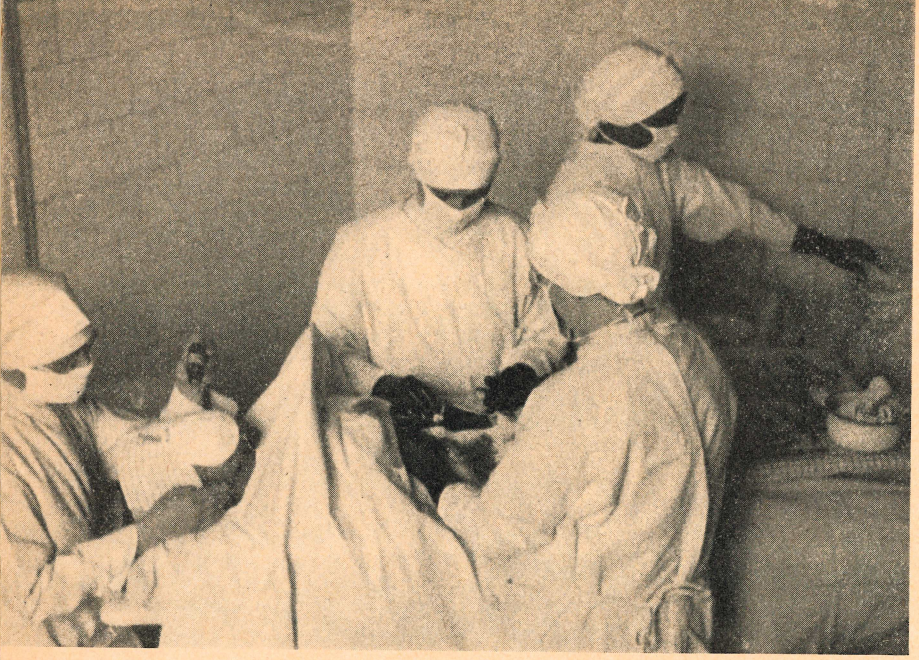
With a jerk the big hospital machine goes into action. Upstairs, in the telephone office, the operator flicks the pegs in and out, calling the laboratory, informing the operating room, sending an S.O.S. to the ward, and hauling the chief-on-duty from his dinner. Each call is like a giant arm that pulls a lever. It starts an intern on a blood count, a nurse to selecting instruments, another one to scrub arms, a third to prepare an injection. And the patient, adult, intelligent, and well-informed, submits to all these strange happenings with complete trust and confidence. Not a moment is wasted, and barely a hundred words have been used. Yet in another hour the patient will be in a warm hospital bed, minus that small stick of dynamite known as the acutely inflamed appendix.

Do I sound a little homesick? I wouldn't be surprised, for that story belongs to the "once-upon-a-time," and almost like a fairy tale does it seem from here. Holy Family Hospital in Rawalpindi, India, does not do business that way. Take, for instance, Shanti Rani, brought in on a charpoy one bright and sunny morning. She has been bleeding profusely for several hours, and she has no pain. All this takes a few minutes to unravel, for Shanti herself is shy, and the mother and the mother-in-law and the dai all talk at once. She is wheeled into the delivery room, while the doctor scrubs up for an examination. With some difficulty we persuade her to be prepared and cleaned, one sister holding her hands and talking reassurance to her all the while.

The examination shows that there is only one way to save both the mother and the child, and that is an operation — Caesarian section. Heigh ho! Here is where we start on a long and weary road that has endless curves and turnings. First the "buddhies," the old women, are called outside, and the news is broken to them. When the mother hears the verdict, then the fun begins! She shakes her head, waves her finger back and forth under her nose, pulls her ear-lobes and utters a piercing "Hai, hai!" which makes it clear, even to a Hottentot, that as far as she is concerned the answer is: "Nothing doing!" But the mother-in-law, with the fate of the unborn baby in mind, interferes and signifies her willingness to talk the matter over.

Then we go into endless details and answer innumerable questions as to why's and wherefore's and how much and since when's. We explain and reassure and threaten and prophecy. Previous cases are narrated, and other instances cited. Finally, after about a half-hour or so more, the old women have talked themselves out, and they decide to give in and send for the men-folk. Off they go in different directions to collect the father from the shop, the husband from the office, a couple of brothers from school, and every available male in the family from whatever work he is doing. All this takes time, for they are scattered far

A view of Holy Family Hospital and staff



Operation in progress—Holy Family Hospital, Rawalpindi. Dr. Wijnen is the surgeon, Dr. Lalinsky, the assistant, and Sister Stephanie is the anesthetist.

and wide. But everything stops until they are assembled.

In the meantime we decide to have lunch, and when we are all gathered together we make use of the opportunity to call for volunteers and to parcel out the work. One sister can be spared from the nursery to help scrub; the part-time anesthetist plans her work to be free at the critical moment, and our star revivalist, Sister Stephanie, is delegated to tend to the baby. The student nurses' work must be arranged too, and that is difficult because the actual time of the operation is still uncertain. The housekeeper is warned that we may be late for supper, and is cautioned to keep an ear cocked in our direction during the afternoon.

As a matter of fact, the consent for the operation is by no means certain, so we invoke the old familiar formula for success: "You'd better all say a prayer . . ." After lunch we return to the battlefield, and now we have the men to tackle. In a way this is easier, for the men speak better Urdu, and some of them even have a smattering of English. But the delay is becoming more and more galling. It is hard to keep your patience when you know that behind the closed door a young girl is slowly bleeding to death. Yet you have to stand there and argue, for everyone must be satisfied before we can start. But when they begin to talk about sending for a cousin twice removed on the mother's side, who studied some medicine once upon a time, that is the sign to put your foot down, firmly and unmistakably, and to make it clear that the woman will be dead before the cousin can get here.

That startles them, as it was meant to do, and slowly, one by one, the whole group of big, bearded Sikhs and Hindus give in. A thankful sigh of relief goes up in the operating room when the word comes through to go ahead. The water is boiling since two o'clock, so from now on it will not take long. The patient is informed of the decision and prepared for the operation. She submits with the simplicity of a child. Fortunately she has no idea of what it is all about, and is quite willing to do as she is told. Most of the women relatives, nervous and crying are kept at a safe distance, and only a few of the more calm and collected ones are allowed inside.

Once the patient is on the table and the door closes behind the last relative, the battle is won. India is locked out, and America has the floor. Even the student nurses catch the spirit, and they work quickly and quietly, under the watchful eye of the supervisor. The patient is still in fair condition and all goes well. At ten minutes to five the baby is born, and, thank God, it's a boy! We all hold our breath until after some preliminary sneezing and spluttering, the weakly furious "wra, wra" of the newborn cleaves the atmosphere. The sweetest sound this side of heaven, I assure you! The tension relaxes; smiles and jokes reappear; in a short while all is finished, and the mother is back in bed, pale and weak, but alive just the same.

When it is over, and the danger is passed, no one could wish for nicer patients and relatives than these same Indian people—grateful and cooperative, full of kindness to the people around them, sensible and quiet, truly ideal in every respect. But to obtain the initial consent—that is the trouble! It is like a dive into ice-cold water for them. They have neither the knowledge nor the experience, and therefore, neither the trust nor the confidence which are the rule in the United States. Fortunately such an emergency does not arise more than once or twice a month, for the wear and tear on the nervous system is considerable.

Sometimes the difficulties are less, when the need for the operation has been more or less expected, or the procedure is a minor one, not involving any "cutting." Sometimes the troubles are infinitely worse, and twenty-four hours or more are wasted before the family can make up its collective mind, with the inevitable result as far as the patient is concerned. And yet, the veterans keep telling us that it is so much easier and better now than it used to be ten or fifteen years ago. Then it was sufficient just to mention the word, operation, to see the patient fly out the front door. They did not even dare to give the patient a pre-operative hypo, for fear that the minor discomfort might decide the patient against the operation.

Undoubtedly India has learned a lot since those times, and it may confidently be predicted that the people will keep on gathering knowledge and experience from western medicine. With it, we hope, will be born a greater confidence and trust in our work. Every successful operation is an encouragement for the next one, and the effects of each instance are often more lasting and far reaching than we realize.

Native African Medicine *

A Review of the book by George Way Harley, M. D.

by

Sister M. Isabel Schmitz-Dumont, S.C.M.M., M.D.

For many of us our imaginative travels way down deep in the wilds of Africa have been overgrown with all sorts of images of dense, dank green jungle-land, vine-choked trees, the wild chatterings and scamperings of droves of agile monkeys, or the eerie flutterings of giant bats and mysterious winged creatures. And as for thinking safely or sanely about medicine in the deep recesses of the jungle-land — well, that was quite impossible, at least as long as Vachel Lindsay's "skull-faced, lean witch doctors" and "voo-dooing mumbo-jumbos" continued to haunt our dreams.

True enough the war has thrown a searchlight upon many hither-to-unknown regions. Even jungle thickets have not escaped from bullets, tanks and bombers. That is the searchlight of war however —death-dealing and blinding to all but the task at hand.

What a welcome surprise it is, then, to find a keen, inquiring mind flashing the light that comes from knowing and thinking upon the customs and habits of unknown tribes and peoples in the interests of truth. Such a mind is that of George Way Harley, M.D., who has given us the results of his twenty-years' experience and research as a medical missionary in North-eastern Liberia in a most interesting and enlightening study — "Native African Medicine."

Many white people have lived their lives in negro Africa; many of them must know as much about their black neighbors as Dr. Harley does. But it is hard to find a white man who can participate closely and intimately in their ways of life without losing his objective attitude and his faculty to criticize and to write impersonally of their customs. Dr. Harley has this power. And for his ability to feel the temper and pulse beat of another world without slipping out of step with the one he was born in, we are grateful.

Since native medical practice in Africa is as variegated as Joseph's coat of many colors—assuming a different outlook or color with each tribe or district—Dr. Harley has divided his book into two major portions. The main part deals with the information he gathered while living among the Mano people of Liberia and is concerned with their customs, secret societies, magical practices and their "rational" (as he terms it) use of herbal remedies. In a supplementary part he gives a brief summary of certain medical practices in Africa as a whole.

The Mah or Mano people live at the northern tip of the central province of Liberia. Their total population is uncertain, but they are estimated to number about two hundred thousand people. Prior to the enforcement of law and order by the Liberian government the Manos were continually fighting with neighboring tribes and were addicted to a state of petty, cannibalistic warfare among the various clans within their own tribe. Since then the blood-lust beat of their tom-toms and war drums has been quelled, and they have taken to agriculture, raising for the most part rice, cassava and a little cotton. They hunt too, with the primitive bow and arrow, assisted by small, smooth-haired dogs with bells tied to their necks so that the hunters might be able to follow them.

The whole social and political life of the Mano people is bound up in a secret society—the Poro. At an early age the boys are consigned to this organization, and under its direction they receive their training. When they have completed the very rigorous and extensive initiation ceremonies required of them they are considered grown men—equipped to participate in the adult life of the tribe.

Before it was suppressed by the Liberian government girls were similarly educated in the Sande. Here they were taught cooking, singing, dancing, the compounding of simple herbal remedies for common ailments and the art of poisoning. The Sande school used to have a strong hold of the women, even to the extent that the Sande chief could command a woman to poison her husband.

The religion of the Mano tribe was based on ancestor worship, but all that remains of the original practices is the common prayer at the graves of the ancestors.

But that does not mean that the Mano is not imbued with a deep sense of the "other-worldliness" about him. In fact he believes that everything, animate or inanimate, has a sort of spirit or power behind it. Be it man, beast, tree or stone —everything has a personality— and a very real one at that. Should occasion arise the Mano does not hesitate to address a tree or stone

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as though a spirit within could hear him. Should he chance to catch a windblown leaf he will wear it—hoping that it will impart to him the evasive swiftness which he needs to elude his enemies. Similarly he will wear a stone to gain endurance or strength—or eat or wear anything else to secure the power he needs. Thus he sees a bit of the supernatural in everything.

But do not be misled into believing that the Mano man is illogical. On the contrary he has a keen sense of cause and effect and is continually seeking out the "whys" of things. If the causes for certain happenings fall within the realm of his every-day experience and are discernible, he acknowledges them. When the reason cannot be found then it is judged to be of the supernatural. Thus it is part and parcel of the Mano interpretation of life to say: "Yes—there is a reason for everything. If I cannot find it within the every-day happenings of my life, then it lies in a spirit world beyond."

It is this attitude that governs the Mano conception of disease. Disease and death are always thought to be caused by some external means, or by witchcraft. Remedies follow the same hierarchy of cause and effect from the natural to the supernatural. When the causes of a disease are known "rational" means for cure are used. Otherwise the native must resort to witchcraft.

Following this line of reasoning the Mano has detected the causes for a number of conditions and ailments—such as sore toes, bee and wasp stings, snake and scorpion bites, epidemics, colic and so on. Relative to the cures by "rational" means when the causes for disease are discernible, the natives have developed an extensive knowledge and use of herbs. Many of these possess undoubted therapeutic value and are administered in a more or less scientific way. As Dr. Harley points out, the study of these herbs would bring to light the curative properties of many plants unknown to modern medicine. Attempts to have some of the Liberian drugs pharmacologically assayed by the Columbia University Department of Pharmacology have proved rather disappointing. Dr. Harley has written: "It seems almost impossible for

(Continued on page 44)

Above—"Champoa" has a drink.

Below—All of these "children of Africa" were found wandering about homeless. They are being cared for now, however, by the missionary Father in his home for orphans. There are many waifs like the one in the lower picture—bundles of skin and bones.

Ask Me Another

HOW DO YOU WASH THE CLOTHES?

How does the dhobi wash them?—you mean. Perhaps you remember Kipling's classical description—"The Indian washerman is the only person in the world who would try to break a rock with a shirt." It certainly looks like that. Come down to the river and see the dhobies standing in a row along the bank, all beating the clothes on the stones or planks. Then a quick rub or two, another beating, a rinse, and, hey presto—finished!

Monday and Thursday are dhobi days in our hospital. The pile of linens for the wash is spread out on the cement walk between the nurses' home and the kitchen, and the men set to work sorting them. They are very particular however, and will not touch anything that is in the sweeper's domain, at least six or seven castes beneath them.

After the sorting comes the counting—always a long and tedious process. Finally the count is complete, and the dhobi spends the rest of the morning leisurely packing the linens away in bundles and hoisting them onto the bullock cart. In three days they will be brought back, washed and more or less clean. Again the same process is repeated—sorting, counting and putting away. The outlay on patience is considerable!

* * *

IS IT VERY HOT IN INDIA?

Well, I shall tell you. If you gathered together a Californian, a New Zealander and a Middle Westerner, and asked them about the weather in America, what kind of answers would you get? The same holds true for India. Anything is possible, from the steaming heat of the Bengal jungles to the eternal snows of the Himalayas, from the stifling scorching summers on the Punjabi plains to the even moderate earthly paradise of Bangalore. Certainly there are plenty of hot places in India, where the thermometer shoots right up to 125, and then stays there, bubbling and steaming. When the crows hop around with their beaks open, when the minnows are half-cooked in the shallow pools, when little boys ask for a bath twice a day, then, take it from me—it is hot!

It is easy to exaggerate, of course. You do not have to believe that the chickens lay boiled eggs, or that an Englishman was killed by crossing the street without his topi. But it is honestly true that we have to keep our clinical thermometers in alcohol, or they break themselves trying to rise beyond their limit; that tarred roads become dangerously soft at midday, and that people do suffer from the heat, especially the babies. Yet patients tell me that it is more comfortable to have a temperature of 104 right in the middle of summer heat, than to be shivering with a chill. It seems hard to believe, but perhaps the laws of adaptation can explain it.

One thing is certain. There is nothing nicer than to get away from the steaming, stiffling, scorching heat of the plains into the unbelievable coolness of the hill stations. Murree, our vacation spot, is the greatest natural blessing we have. It gives one a good idea of what the escape from purgatory into heaven must be like!

Ironing the clothes—"dhobi fashion."

March Mission Intention

"For Catholic Native Youths Living Among Pagans"

by

The Rev. Francis X. Goodall, C.S.C.

The Catholic Church is sometimes compared to a vineyard and we know that there is more to the work in a vineyard than just pruning the vines and gathering the clusters of grapes. New shoots must be fostered, unproductive stumps must be removed and vigorous new vine stock must be planted. A supply of vines for replacement must be on hand and the soil must have its freshening fertilizer and strengthening food. So, too, with the Vineyard of the Lord, the Church Militant on earth. Babies and children are the seedlings, our youth are the young vines, and the soil of the vineyard is the environment and training of home and school life. Just as unceasing care is necessary on the part of the keeper of the vineyard, so that the young vines get firmly rooted in the soil and are properly nourished, so, too, it is the tireless concern of the leaders in the Catholic Church that our Catholic youth receive the proper instruction in the guiding principles of life and know where to go for the moral sustenance and nourishment they need.

Catholic youth in pagan surroundings finds tremendous handicaps to a faithful observance of God's law. This special effort to live right in pagan settings explains many of the strong characters we find in mission communities all over the world; it offers the excuse, too, for the backsliding that is witnessed at times.

The very air of a pagan land, we may say, breathes godlessness. It is an atmosphere of fear, superstition and taboo. Surrounded for generations by superstitious practises, people react almost instinctively to customs, and it really takes generations to completely uproot these taboos. One of the first steps in the conversion of pagans is the surrender of the amulets they wear or other signs of paganism they keep about their person. In India, with some groups, it is the shearing off of the lock of hair that ordinarily is never cut since it is by that lock of hair that they expect to be pulled into their paradise some day. With signs of genuine fear, at times, they permit the stripping of these charms. Frequently they seem to hold that it is only that which catches the eye that comes under the disapproval of the code. Those charms they carry tied around their person, under their clothes, they feel are not covered by the law. I have cut charms from the belts of Catholic men in Bengal when inadvertent movements revealed their presence.

The native herb doctor is not a person to be scorned. In very many instances his knowledge of the healing power of the native herbs seems little short of marvelous. Records prove a goodly number of cases wherein the medical prescriptions of licensed doctors failed to give the desired aid and the patient, released to the ministrations of the local herb doctor, would soon after show genuine signs of recovery. There are some, however, who are imposters and quacks. They pose as herb doctors and give out harmless potions and pills, but their strength is in a play upon the local superstitions.

In the larger cities, of course, one has the special temptations found everywhere. In the villages, however, many of these special sources of evil have no place. Liquor consumption varies with the country and surroundings. It is not possible, without an exhaustive study of the missions, to state positively the full menace of the abuse of liquor where our Catholic Youth are concerned. In India, both Hindu and Mohammedan sects prohibit the use of intoxicants but there are half-hearted adherents in both communities who indulge to excess at times. Marriage feasts and betrothals offer occasions and, with some tribes, the funeral anniversary or memorial feast adds another opportunity for drinking the native brew. On the whole, however, the problems from over-indulgence of liquor are fairly well in hand. Actual cash is short and the adage holds force: it takes money to buy whiskey.

Movies and night clubs have not found their way into the villages. However, there is no dearth of dramatic performances by local talent or bands of travelling players, and there is always the peripatetic story teller. The dramas played and the stories told deal, in great part, with the activities of the gods and goddesses, and of certain other historic personages. The events dramatized are seldom edifying from a Catholic point of view and rarely fail to extol some hero at the expense of virtue.

While the temptations of our modern civilization are far ahead of the temptations to Catholic Youth in pagan lands, there are greater aids close at hand here at home for the overcoming of those temptations. For this reason we turn our prayerful attention during March to the special Mission Intention listed by the Holy Father for all members of the Apostolate of Prayer, namely: FOR CATHOLIC NATIVE YOUTHS LIVING AMONG PAGANS.

Krishna

by

Sister M. Alma Julia, S.C.M.M., M.T., Ph.G

"Sister, Ji!"

I was locking up the day's receipts (taking in and spending the money—when we have it—being one of my odd jobs) when I heard the soft voice behind me. I turned.

There stood Krishna, the little girl who scrubs the floors and dusts the furniture in the Sisters' and Nurses' Home of Holy Family Hospital. I should not say, "little girl" perhaps, because Krishna is about sixteen years old and has been married two years. But she is slight and dainty in build, with small hands and feet and has a madonna-like face, with large brown eyes.

There stood Krishna with a roll of bills in her hand.

"Sister, will you take care of this for me?" Then she explained.

"But, Krishna, why not put your money in the bank?"

I shall spare you the conversation. Krishna could neither read nor write. She was afraid of banks and business, and she wouldn't put her trust in banks and men anyway. She wanted her money where she knew it would be safe and where she could get it right away when she needed it. In her estimation I was as solid as the Bank of England. She knew exactly where I kept our money and if her money was locked up in the same place, she felt sure it was safe. She didn't say all that; she was a woman of few words.

I took the rupees, put them in an envelope, marked her name and the amount on the outside and put it in the cash box. I did not give her a receipt. She would not have known what to do with it anyway.

But that is the middle of the story—the only part of the story I know well. I know some of the beginning too, so I shall tell you that.

Two years ago Krishna was married. Probably she never saw the husband her mother picked out for her until the ceremony, but that is only proper for a decent Hindu girl. After all, a mother loves her daughter and will make the best bargain she can, perhaps choosing better than the girl would herself, if she had a free choice. This particular choice must have been a good one too, for Krishna is very much in love with her husband. But now her husband is in the army and far away.

Here some more explanation is necessary. Krishna belongs to the sweeper caste, or out-castes, in some way. Presumably her husband must have been a sweeper also, or else he is of the new generation that defies the old social conventions. Whether or not he is a sweeper by birth, he must have acquired enough education and must have good physical and mental equipment to be able to enter the army. In other words, he has gone way up on the social scale.

About a year ago a baby girl was born, and it was about that time that Krishna's husband entered the army. I don't know the husband's name, as it is no use asking a Hindu woman such a question. Should you ask, "What is your husband's name?", she will shyly look around for some relative or acquaintance to supply the information. It is almost blasphemous for her to speak his name out loud—wanting in respect or something. So I never ask Krishna that question and never bother to find out.

Shortly after her husband left for the war, the girl who does our cleaning and scrubbing moved to another city, and Krishna came to us and begged for her place. As some relative of hers is a sweeper in the hospital, she had

"inside pull" you know, and knew about the opening. She leaves her baby with her mother-in-law, and every day from eight till twelve and from three to six, or somewhere around that time, she mops our floors and dusts our furniture and sweeps the cob-webs from the ceiling (when someone calls her attention to them.) Krishna glides around the rooms like a little ghost and keeps her eyes cast down like a novice, so naturally she does not see the cob-webs unless someone calls her attention to them.

"Krishna, why must you work? Doesn't your family support you?"

Krishna just smiles. "Yes, my husband sends me the family allowance every month, but I want to work." She doesn't add what has become quite obvious — "I want the extra money."

And this is where the money comes in. Every month I give Krishna her twelve rupees, which is a good sum for a little Hindu girl who does such simple work as she does, with short hours. With that twelve rupees apparently Krishna pays her share toward the rent and food and so on, of her mother-in-law's household where she lives. Then, from somewhere, her husband's pay, or that part of it that goes to the soldier's family, comes to her. So every month Krishna comes to me with fifteen or twenty rupees and asks me to put it away with her money.

I can read Krishna's thoughts.

"Why should I sit home all day taking care of the baby when my mother (or mother-in-law) who has nothing to do but swat flies, can take on that extra task just as well. Thus I can earn my own way until my husband comes back, and I shall have all that extra money besides. Won't it surprise him to see that I have saved all his pay!"

Do not think that Krishna neglects the baby. Not at all! At least once a week she brings her around to the dispensary. The baby is sneezing or has a slight fever, she thinks. Usually nothing is wrong, but we give her a little cough medicine or fever mixture. The baby looks fat and contented and well-cared-for. And it doesn't cost Krishna anything; she belongs to "our family," so there are no doctor's bills or medicine fees for her.

Then there is the post (mail to you).

We have a large statue of the Sacred Heart in the hall of the Nurses' Home, and there our mail is left out for us—if we have any. As I said, Krishna neither reads nor writes, but I think she knows enough to distinguish between English characters and the Urdu script. Krishna's husband writes to her at the hospital address. I think there is a good understanding between Krishna and her husband, so that somehow or other she gets his money (instead of the in-laws) and she receives her mail also, safe from the family.

So—when Krishna spies a letter in Urdu script against the statue —"Sister, is that letter for me?"

I look. "No, it is for Miss Lela Bansi Lal." (One of the Punjabi nurses.) Krishna sighs and looks lonesome. But every two weeks or so there is a letter from Iraq or Egypt or wherever his regiment happens to be at the time. And when you see Krishna's face as you hand her the letter, you understand that Krishna is in love. Quickly she ties it into a corner of her veil to keep it safe. She does not read you know, therefore I cannot write, "With trembling hands she tore it open, etc." Krishna does not ask us to read it either, probably realizing that our knowledge of Urdu script is limited.

But when it is lunch time Krishna tarries about the door of the nurses' dining room, waiting for one who has time to read the letter to her. I am sure the nurses gladly oblige, so they draw aside in the little hall near the stairway, and the letter is read.

"Let us go and look for Christ Our Lord. We will go to the hospital. Among the sick and suffering we shall find Him."—Blessed Angela of Foligno.

I do not know how or what her husband writes. I can't very well ask, either. But occasionally a thing or two reaches my ears. There was one letter, for instance, in which he scolded her for working. "Why should you work? I send home enough money to cover your needs. Just keep well and take care of the baby until I come back. Maybe I'll get a furlough," etc.

But Krishna just smiles and keeps on giving me the money to tuck away in her envelope. After one of those letters, she goes around in a happy sort of dream the whole day long.

There was one letter, a recent one, in which he said that his regiment, which up until now was apparently in some station of security, was moving right up to "the front." In 1915, when someone went to "the front" you usually knew what they meant. But in this war, "the front" might mean anywhere — north, south, east or west. I think in this particular case Krishna's husband was moved somewhere in North Africa. Anyway, the rest of the day Krishna washed the floor with her tears. Her lips moved once in a while, so she was probably invoking all the gods in the Hindu litany for the safety of her husband. Poor Krishna!

But after the last letter she cheered up again. Perhaps she has reason to think that the war will be over soon. So she goes about day-dreaming of the occasion when her husband will come home. She is planning which of her beautiful dresses she will wear for him. You see, it seems to be the custom for the women here to put aside their jewels and finery and act and dress very much like widows when their husbands are away.

Now, as I said, this is the middle of the story. I cannot tell you the end because it hasn't come yet. There are, let's say, three possible endings:

1. The war is over. A telegram arrives at Holy Family Hospital for Krishna—"Will be home for furlough Tuesday night." Perhaps it will be—"Home to stay."

Krishna puts on her finery and comes to me—"Sister, Ji. May I have my money please?" I give her the two hundred or three hundred rupees which have accumulated. She wraps them in a yellow silk handkerchief. Now when her husband arrives (He will not kiss her in public, of course—ugly English habit!) she awaits her chance to slip the yellow handkerchief into his hand and tell him, "Here are the ten talents." No, of course not, that isn't what she says. I can't think what she will say. Anyway, he leaves the army, and they start a little chicken farm—a crying need these days, and make a good living and are happy forever after.

2. Her husband is killed in the war. In that case she may adhere to the old strict Hindu idea and never marry again. Thus she will mourn him the rest of her life and never more wear finery or jewelry or take part in festivities or go to weddings. She may keep on working and bring up her child, saving all she can to provide her with a decent dowry in the hope that she will receive a good home in her old age.

3. Ditto. But she has the modern, European idea, gradually increasing in India. When the days of her mourning are over she will marry again. You see, she has saved enough for a dowry, and she has youth and good looks and all that.

But here's hoping that her husband returns safe and sound.

In the meantime, while she waits (and we wait with her) she day-dreams (even as you and I) and mops floors and dusts furniture (where the dust is obvious) and brushes the cob-webs off the ceilings (when someone calls her attention to them.)

(Continued from page 39)

a botanical drug to gain an introduction even to the experimental branch of medicine when the laboratory shelves are already loaded with synthetic chemicals of known formulae waiting to be tested. The difficulties of collection and preservation, though not insurmountable or great enough to make it impractical, are just enough to throw the leaves and barks into the waste can. In spite of the fact that they are known poisons, so strong that the natives dare to use them only on the most vigorous individuals and in small doses, I get the report: 'Nothing found except tannic acid.' I still hope to establish experimentally the values of a few of these leaves and barks."

In case the drug or herb fails to have the desired effect, it is believed that either a certain precept of the ceremonial for administering it was broken, or else the one who gave it is at fault.

Some diseases, however, are considered to be so common or so mild that they are treated rationally without ever bothering to ferret out the witch that theory would lead the native to suspect. Into this category falls the common cold.

It is when the Mano cannot find a rational cause for the disease that the "lean, skull-faced witch doctor" plies his trade. The first consultant is a woman, not a man. Among the Manos some of the women are gynecologists, midwives, pediatricians, general practitioners, and in some cases, surgeons. If the woman fails to effect a cure a man from the medical giuld of the Poro is consulted. In most cases he is a priest and has, as the natives believe, access to the ancestral spirits. He knows all the remedies and procedures of a magical nature, calculated to overpower the evil which causes the disease. Should he be unsuccessful, then the blame is laid to witchcraft, and consultant number three is the diviner.

With his "smelling stick" or rod, the diviner tries to unearth the person who has cast the spell. Generally the luckless one chosen happens to be someone considered useless to the tribe. There are several methods of divination — such as divination by dreams, by hot oil, by casting lots, and by the poison cup. All methods are full of trickery, of course, which gives them a sort of plausibility in the eyes of the natives.

If in spite of all this, the patient does not get any better, a very mysterious and cruel method of divination is ordered, namely the sasswood ordeal. Through this trial, which is witnessed by the entire tribe, the person accused of sorcery is supposedly c a u g h t. Whenever an occasional victim of this ordeal lives, he is inevitably exiled and sold into slavery. If the patient dies even after this ordeal, the evil is considered to be his own fault, never that of the medicine man. In any case, the medicine man always lands on the right side of the fence.

In the appendix Dr. Harley gives excerpts from the literature on African medicine. These are quite comprehensive and include notes on the medical practices of a variety of tribes. An excellent bibliography and a botanical list of the plants mentioned in the book are also given.

A study of native African medicine necessarily brings to light much that is mere quackery. But underneath the veil of mystery and witchcraft, there is much that is real and solid too. Dr. Harley's study of the medical practices of the Mano tribe is thorough and shows that the African medicine man is no mere charlatan, but that by trial and error methods he has discovered many herbs possessing definite therapeutic value.

There can be no doubt of the value of Dr. Harley's work, particularly from the anthropological and medical point of view. His diligent study and r e s e a r c h, coupled with a sympathetic attitude toward the people among whom he worked, should lead to a better understanding of the little known peoples of the African hinterland.

In Our Library

THE SOUTH SEAS IN THE MODERN WORLD by Felix M. Keesing, John Day Company, New York, 1943. 391 pp., cloth-bound, $3.50.

Newspapers, magazines and the book world, have been competing with one another in presenting a graphic picture of the South Seas. Stories of the heroism of the "leathernecks" that were too good to be forgotten, appeals of missionaries that were too urgent to be resisted, and the vital part these islands are playing in war strategy, have familiarized the American mind with the dreamers' paradise.

THE SOUTH SEAS IN THE MODERN WORLD is clearly a book for those who would evaluate the social, economic, religious and political problems of the island natives. The material is presented in scholarly fashion — more with an eye to facts and statistics than to dramatic effects. It is a comprehensive study by an author whose interest and research efforts have been directed along that line for about twenty years.

An excellent chapter on health and medical work is presented, though we must take exception to the author's opinion that in time "health authorities may . . . have to supplement their attacks upon the death rate with measures designed to lower birth rates. Indeed, in some jurisdictions, the present may not be too soon to begin planning such measures in cooperation with native leaders."

While taking into account the possibility of overcrowded islands and poor subsistence, such a negative method does not consider the real purpose and value of life, or the lessons which many of the "civilized" nations have had to learn in pursuing just such a course of action.

The chapter entitled "Religion and Missions" deals primarily with Protestant missions and mission problems, particularly with regard to accommodation and native pastors. It is a generalized Christianity which Dr. Keesing discusses.

Numerous appendices and a very extensive bibliography complete the book. The volume was issued under the auspices of the Institute of Pacific Relations.

THE LOVE OF GOD, by Dom Aelrod Graham, Monk of Ampleforth Abbey, Longmans, Green and Co., 1939.

In "The Love of God" Father Graham has compressed into two hundred fifty pages the pith of the Summa Theologica. While completely covering the field of Ascetical and Mystical Theology in a condensed form, he has done it in such a way as to make it not only palatable to the layman, but an absorbing intellectual and spiritual treat for all. As Father Graham himself says: "It is to the laity then, especially to the young and thoughtful (of whom we know many) as much as to the priest and religious that these reflections are addressed. That they may bring something of light and encouragement to those who are being called upon to suffer and enter danger is the hope which is now uppermost in the mind of the author."

The book is built on the conviction that "it is more important to love God than to know Him. Yet love presupposes knowledge." Under four comprehensive headings, the Nature, Conditions, Expression and Effects of this love, the author analyzes man's love for God both in itself and in its relation to human life as a whole. Though each part could well form a complete book, there is no lack of unity in the whole as one is led from a consideration of God, His Essence and Attributes, through the means of reaching Him, (knowledge, unworldliness—detachment from the things of this world — self-abnegation and prayer) to union with Him. The themes are not new, but their presentation and definition have a most satisfying clarity and freshness.

In conclusion Father Graham writes:

"The Life-giving knowledge of human destiny and a desire for the rule of God, that is, faith and charity, are the conditions of the earthly as well as the heavenly peace . . . For it is the love of God which brings to us the only immortality that counts. When the day breaks and the shadows retire and the Incarnate Word has delivered up His Kingdom to the Father, it is by love that we shall possess the vision that is ours."

If these few excerpts give joy in anticipation, the reader is assured that it will be more than realized in the perusal of "The Love of God."

"Every society, worthy of the name, has originated in a desire for peace, and hence aims at attaining peace, that 'tranquil living together in order' which St. Thomas finds the essence of peace . . . Two primary elements, then, regulate social life; a living together in order, and a living together in tranquility . . ."—Pope Pius XII.

News from Home and Abroad

AT HOME—

On February 11, the Feast of Our Lady of Lourdes, six postulants received the grey habit and white veil, signifying their investiture as Medical Mission Novices. The ceremony marked the close of an eight-day retreat given by the Rev. Jean C. de Menasce of Washington, D.C. His Eminence, Denis Cardinal Dougherty, delegated the Rt. Rev. Msgr. Thomas F. McNally of Jenkintown, Pa. to preside. He was assisted by the Rev. John P. Lynch, C.S.C. and Friar Jogues, O.F.M. Other members of the clergy who were present were: the Rev. Francis L. Keenan, Rev. Richard A. Rogers, Rev. Joseph M. Holland, Rev. John J. Bolen, and Rev. Michael Argullo.

The postulants who received the habit were Miss Florence Louise Kenny of Boston, Mass., in religion Sister Mary Mark; Miss Mary Di Battista of Camden, N. J., Sister M. Antoinette; Miss Geneva C. Fuchs of Grand Forks, N.D., Sister M. Genievieve; Miss Jeanette Fehner of Detroit, Mich., Sister M. Gabrielle; Miss Mary Veronica Fagan of Wilmington, Del., Sister M. Ursula; and Miss Rita Engelhardt of Detroit, Mich., Sister Mary Jacob.

The sermon was given by Father Menasce. To give only a few of the "high-lights" of the sermon—in speaking to those in the ceremony Father said:—"The life of every Christian must reproduce completely the life of Christ. If this is true of every Christian life, how much more true must it be of the life of a Christian missionary. All the different phases of the life of Christ must be reproduced. You have, therefore, some hint as to the meaning of what your life is to be. Your life is not only being given; it is at the same time taken . . .

"Today you are starting a new life, a life of love and friendship. It is not begun in a worldly fashion; it is begun with the whole strength of God given and offered. . . . Perhaps you are skeptical, wondering if you will have the strength to continue in this life. God will never give you the impression of having a tremendous quantity of strength within you. Grace is given for each task, moment by moment. Every instance contains enough grace for you to do His Will, and to do it perfectly, as God wants it . . .

"You are entering a novitiate without knowing what the future holds. You lack the knowledge of what it will be—but you trust in the greatness of God. Life in God is better than any pattern of life in the world. The last place in the House of God is better than the first place in the world. The friendship of Christ is better than anything else. He can give you what you need; He can replenish you . . .

"Today you are giving up your home, your house, your parents and your friends. It is so easy to love people and to be with people. You are starting to live a life wherein the people you have loved will be, in a sense, removed—where the greatest person you will love completely will be one with you. You are starting a life wherein all your love is to be toward an Invisible Friend—a Friend generous and reliable, a Friend who can open eyes that are blind . . .

"Man desires wealth and honor. Even that is good to serve as an offering to God—an offering of family, of will, of all the good and holy things God has given us. You will learn how to love in obedience and purity—to be able to be the Sister of **all men.** You will have no other family than the family of God the Father—no other affection than the affection of the **whole Church** . . .

"You must have a universal love—a love overlooking none, because all are God's. You cannot expect that such a dilation of your life will be smooth and easy. When a tooth grows it hurts, and when a heart is opened, and that heart is to become as big as God, it must hurt. Do not think that all your life will be a feast . . . No—we must scramble up to Paradise on hands and knees. It will be a different experience from what is yours now, to share with Christ, to save the world as God wants it saved. God did not save the world by pills, by castor oil, but by **love.** The only way to save yourself, to save the world, is the Crucifixion. We would prefer all sorts of other ways, but that does not matter. It is what God wants.

"You think you are giving something to God; you are giving your heart. But it is a mistake to think you are giving up much. Before your generosity our Lord is not going to be outsmarted. He is generous—He will give Himself to you. You are going towards Him. He will go towards you with something infinitely bigger—God in us. He, the Real, He, the Immortal, He, all wisdom, generosity and blessings—He is willing to come. You are giving God your father, your mother, your country and your home; He gives His Father, His Mother, His home and Paradise—He, glory and everything He has . . .

"There is no proportion between what is given and what He gives. There is no proportion between the sufferings of this world and God's glory. If you think you have done something, God in His suffering has done everything . . .

"During this ceremony, instead of putting on the habit of your mission order, you are putting on Christ. To put on Christ means to become and to receive in a loving way the reality of Christ. Clothe yourself with the heroism of Christ, the sanctification of Christ, the generosity of Christ. Become real imitators of Christ, of His humility, of His doing His Father's Will. If you have the courage to do the little things . . . there you will find your sanctification; you will find yourself close to Christ."

And Father continued—"It is harder to see people go than to go ourselves. Today you are receiving the habit. Pray for your parents who are giving to God more than you are giving. A mother loves her child more than the child loves its mother. Pray, ask God to give your parents the grace and strength to give to God —to give them a sense of the dignity of offering to God what they have received . . ."

To the parents and relatives of those in the ceremony Father said:—"We are all in different capacities sharing and participating with you, parents, in offering your child. You are sharing the dignity of Abraham, the dignity of Christ. You are uniting yourself with the Mass as never before —you are priest with the priest. You are also more deeply related and more deeply associated in this Mass because you are offering yourself and are being offered. We are all sharing with Christ that dignity of giving—we are all giving. Though we think we are giving, it is Our Lord Who is giving —He is taking us and is offering us. Let Christ take hold of us— unite us to Himself in one Christ —the Glory of God."

INDIA—RAWALPINDI

Just the other day we received the following little "eye-opener" from Sister Alma Julia. We relay it to you, as it came to us straight from her typewriter—

"There was something in the papers a few days ago that made me so happy. It was an announcement that mosquito and malaria control was going to be started in sixty cantonment areas in India, including adjacent civil areas. Said I to myself, 'Happy days have come to India.' Now if only enough American troops will come to this part of the world, we can hope that most, if not all, the mosquitoes will be eliminated, and with the elimination of the mosquitoes will go malaria, which kills one million people annually and incapacitates scores of other millions in one way or other for some time every year. Add to all this the undermining of the general health of the people, which makes them more susceptible to T.B. and other diseases.

"Really this is no joking matter! I am willing to bet that if Japan used all her planes and bombed India every day for a year, she could not kill or injure as many people as the mosquito does. Wouldn't I like to see that in headlines in the papers back home! Now one thing about the war is that the army will not stand for the troops (American troops anyway) being disabled with malaria, and will do something about it.

"If only the powers that be would find the money and the interest to start malaria control without waiting for a war it would be more sensible. But one half the world does not care how the other half lives, and the people who do care have neither the authority nor the power nor the money to do much about it.

"I can only hope that when the war is over the malaria-control program will not stop and will include all parts of India. Of course there are other things I would like to see done too — such as amebic dysentery control, cholera control and many others. I doubt whether there is a spot in the world that has such a high incidence of the deadly amebic infection as this part of the Punjab. Between the mosquitoes and the amebae it is no wonder that the women come into the hospital with a hemoglobin of 10-20%. 'Mosquitoes are more deadly than bombers!'—and here's hoping that more people wake up to this!"

R. I. P.

Please pray for the repose of the souls of:

The Rt. Rev. Msgr. Timothy A. Hickey, Brooklyn, N. Y.

Rev. John B. McShea, Philadelphia, Pa.

Mother M. Imelde, O.P., Milwaukee, Wis.

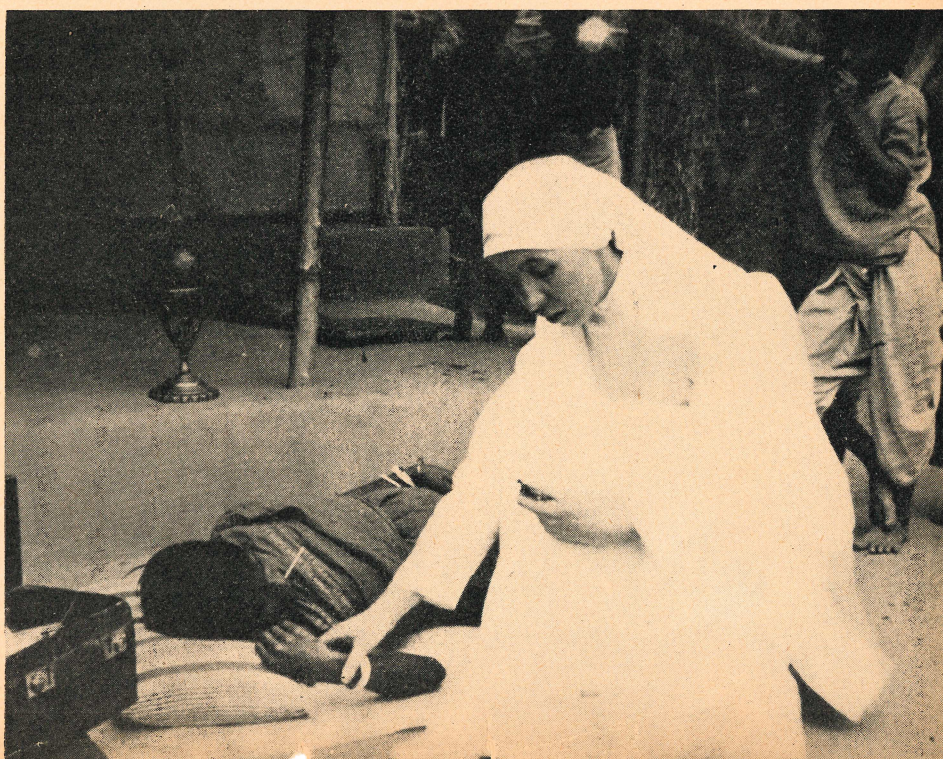
Sister M. Eugenius, Hartford, Conn.

Mr. John McCarthy, Ballycran, County Down, Ireland. (father of Sister M. Veronica, S.C.M.M.)

Mrs. Clara Dauses, Baltimore, Md.

Miss Ellen McNabb, Philadelphia, Pa.

May their souls and all the souls of the faithful departed rest in peace. Amen.



Sister M. Therese found this woman critically ill with malaria. Incidentally, Sister herself furnished the pillow!

YOU CAN'T AFFORD TO GIVE - - - EXCEPT

TO A WORTHWHILE CAUSE!

•

THE CAUSE?

TO HEAL THE SICK—
TO SAVE LIVES—
TO **SERVE CHRIST**—
IN HIS BROTHERS

•

That is WHY we ask your help—

That is WHY we are trying to build a new hospital in Rawalpindi, India!

Aziz—ill with T.B.—is a recent arrival at Holy Family Hospital. There are many, many Azis's. But—how to care for them with inadequate facilities?

WILL YOU "AFFORD TO GIVE"?